

[Printed by authority of the State of Illinois.]

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC HEALTH  
SPRINGFIELD

# SOME NEGLECTED ESSENTIALS IN PUBLIC TUBERCULOSIS SANATORIA

SUGGESTIONS REGARDING THOSE THINGS WHICH  
SPELL SUCCESS OR FAILURE AT AN INSTITUTION  
REGARDLESS OF ITS BUILDINGS OR EQUIPMENT

CO-OPERATING COMMITTEE ON THE  
TUBERCULOSIS WAR PROBLEM

THE STATE COUNCIL OF DEFENSE  
THE STATE DEPARTMENT OF PUBLIC HEALTH  
THE ILLINOIS TUBERCULOSIS ASSOCIATION

**I**LLINOIS which has been singularly slow in making proper provision to meet the needs of the tuberculous, has finally undertaken a program which, if urgently pressed, will eventually restore the fair name of the State and will provide for her consumptive citizens in a manner even more satisfactory than that adopted by other states.

Under the provisions of the municipal and county sanatorium laws, cities and counties may by referendum establish and operate sanatoria and conduct dispensaries and visiting nurse service, this service being designed not for the pauper but for the entire population, rich and poor alike.

Through the provisions of the Municipal Sanatorium Law, Chicago, Rockford and Rock Island are already operating institutions, while Peoria is moving rapidly toward the completion of a municipal sanatorium.

Under the provisions of the County Sanatorium Law, which was enacted later than the city law, eight counties voted to establish county institutions and nursing and dispensary service and seven of them are moving with more or less activity toward the completion of their plan.

It is more than likely that twenty or more counties will adopt the sanatorium project during the next year or eighteen months and there is every reason for the cheerful prophesy that within five years Illinois will have a reasonable number of tuberculosis sanatoria, small enough in size to be efficiently conducted and near enough to the homes of the patients to eliminate the element of homesickness which is so often a barrier to successful treatment.

While the residents of the seven counties are attempting to decide upon their sites, locations and the character of buildings and while perhaps twenty to twenty-five other counties have in contemplation tuberculosis sanatoria of their own, it seems wise to bring to the attention of these public-spirited people certain vitally important features of tuberculosis sanatoria which have nothing to do with brick and mortar or broad acres of land, and yet which more frequently spell success or failure of such institutions than any other things.—EDITOR.

THE LATE THEODORE B. SACHS was accustomed to say, "It is far easier to obtain the money to buy land and build buildings for sanatorium purposes, than it is to find the man to run these institutions." Dr. Sachs stood pre-eminent, the pioneer in tuberculosis organization work in the Middle West. The Edward Sanatorium at Naperville and the Chicago Municipal Sanatorium stand as monuments to his efficiency and vision. He had seen scores of tuberculosis sanatoria rise and fall through a failure to recognize certain essential points concerning them and he placed above all—above money, above buildings, above land, above methods of treatment—the personality and special skill of the physician upon whom the responsibility of the institution depends.

Public tuberculosis sanatoria, if they are to perform the function for which they are created, must never lose sight of certain fundamental essentials which were recognized by Dr. Sachs, but which have come to be even more definitely appreciated within the past few years. These are the neglected essentials of public tuberculosis sanatoria.

THERE HAS BEEN A TENDENCY in the past to regard tuberculosis sanatoria very much as we formerly regarded contagious disease hospitals and to feel that these institutions should be located in isolated spots. As a matter of fact, the location for a tuberculosis sanatorium should be selected with an eye to convenience, attractiveness and beauty of outlook. It should be away from centers of population, not because it is a source of danger in any way, but because the patients should have quiet and freedom from noise and dust and disturbance.

The institution should be near enough to street car lines so that they may not only be visited by their relatives, but so that other interested persons may come to the institution at suitable hours to give a flavor of outside life to the place and to carry away the idea of the charming homelike air which must pervade the successful and well-conducted tuberculosis sanatorium.

The grounds themselves should be as attractive by nature as it is possible to obtain and the beauty should be increased by sweeping lawns and flower beds, trees and shrubbery. The employment of a landscape gardener to lay out the grounds is a good investment, but every foot and every inch of the attractive portion of the grounds should be used by the patients.

AMONG THE BLOTS on the history of sanatorium operation in the past has been the tendency to expend large sums of money on the elaborate equipment of quarters for officers, physicians, nurses and employees and to give to the officers the choice rooms and the choice locations in the grounds and buildings. The quarters for physicians and employees should be comfortable and adequately

roomy, but the best outlook, the best location, the choice of accommodations, if there be a choice, should be given to the tuberculous patients for whom the institution is primarily intended. The pretentious luxury of officer's quarters in some public sanatoria has been as a lasting disgrace to those institutions and to their creators.

**N**O TUBERCULOSIS SANATORIUM can succeed unless those in authority recognize that tuberculosis is as essentially a medical specialty as is abdominal surgery and that there are perhaps ten or twenty competent surgeons in the United States to one who is an expert in tuberculosis and endowed with the administrative skill essential to sanatorium management. The tendency on the part of some communities to employ physicians and nurses who have not been specially trained in tuberculosis work is dangerously short-sighted and reflects the apathy and lack of interest in this tremendous medical power which has unfortunately characterized the medical profession and the people at large throughout generations.

The medical head of a tuberculosis sanatorium should be a man of special training in the diagnosis and treatment of the disease, of broad institutional experience and above all a man of pleasing and forceful personality. It is essential that he should know tuberculosis. It is more important that he should know the tuberculous—that he should know men and women as they are affected by the peculiar nervous elements of this disease.

**A**MONG THE ESSENTIALS in the treatment of tuberculosis we have come to accept fresh air, nourishing food and rest. Riper experience has changed the order of these things and has added other essentials. The physician of broad experience among the tuberculous would probably class the essentials of treatment at the present time in the following order: Rest, fresh air, nourishing and tempting food, rigid discipline and expert medical supervision, competent nursing, happiness and treatment with vaccines, tuberculins and drugs. The longer one is engaged in tuberculosis work, the greater importance he is disposed to attach to happiness as a curative agent.

**T**O GUARANTEE HAPPINESS to the patient, several things are essential and must be secured in every public tuberculosis sanatorium which lives up to high standards and ideals.

1. The buildings must be homelike. The coldly severe structures, bringing to mind surgical operating rooms, and mausoleums, erected during the past few years in many localities, can never be made comfortable or homelike. The absence of pictures, upholstery, shades, rugs and those things necessary to make a refined and civilized home is not necessary as a sanitary precaution in a well-conducted institution.

2. The patient must be made to feel that he is an individual with heart and soul and feelings and not that he is shunned because of his infectious disease. The nurse or employee who has any fear of inti-

mate, personal, friendly contact with the consumptive, should have no place in a sanatorium. If the patient is a source of danger it is because the methods of the institution are bad and the system of education and training defective. In many of the best-conducted sanatoria, the nurses, officers and higher class employees occupy the same dining room with the patients to overcome the sense of isolation by which the patient is oppressed in the ignorance of the outside world.

3. On account of this sense of isolation which already depresses the patient, private rooms are usually a distinct disadvantage in a sanatorium. The consumptive should not be alone. He will do better and be happier living with a group of six or eight of his fellows and the intelligent and tactful superintendent can arrange groups which are congenial and thereby avoid friction and discontent.

4. The food must be liberal in amount and must be well cooked and daintily served. A tray for a bed-ridden patient without a flower or fern or spray of green is unjustifiable if these things can possibly be obtained. In moderation, florists' bills are as necessary as bills for flour and potatoes at certain seasons of the year.

The food should be well balanced. Over-stuffing with milk and eggs—discarded by experienced tuberculo-therapists some time ago—is still practiced in some institutions. It is time for all sanatoria to become *sane*-atoria.

**T**HROUGH THE GUIDANCE of a kind Providence or the guidance of men who had hearts and consciences as well as minds, Illinois county tuberculosis sanatoria are not designed for poor persons, but for all citizens, rich and poor alike.

The standard which should remain constantly in the mind of every man and woman charged with the official duty of creating a sanatorium should be that the institution must be so situated, so constructed, so furnished and so operated that he would gladly place his own son or daughter in the sanatorium as a patient if occasion for treatment presented itself. By the guidance of such a standard, Illinois—belated though it be—can do justice to her consumptive people and do it better than many other states have done.

GEORGE THOMAS PALMER.

Under the Illinois law 100 persons may cause the county to vote to establish a county tuberculosis sanatorium with dispensary and visiting nurse service. Progressive counties are acting. What are you doing in your county?

For full information on how your county can avail itself of the benefits of the county sanitarium law, write

STATE DEPARTMENT OF PUBLIC HEALTH,  
SPRINGFIELD, ILLINOIS.